

REMARKS/ARGUMENTS

Favorable reconsideration of this application in light of the following discussion is respectfully requested.

Claims 1-43 are currently pending.

The outstanding Office Action rejected Claims 1-8, 11, 13-21, 24, 26-34, 37, and 39-43 under 35 U.S.C. § 103(a) as unpatentable over U.S. Patent No. 6,754,655 to Segal in view of U.S. Patent No. 7,076,437 to Levy; rejected Claims 9, 12, 22, 25, 35, and 38 under 35 U.S.C. § 103(a) as unpatentable over Segal in view of Levy, and further in view of U.S. Publication No. 2003/0187688 to Fey et al.; and rejected Claims 10, 23, and 36 under 35 U.S.C. § 103(a) as unpatentable over Segal in view of Levy, and further in view of U.S. Publication No. 2002/0065854 to Pressly.

In response to the rejections of Claims 1-43 under 35 U.S.C. § 103(a), Applicants respectfully submit that independent Claims 1, 14, 27, and 40 recite novel features clearly not taught or rendered obvious by the applied references.

Independent Claims 14, 27, and 40, while being of different statutory class and/or scope, recite similar features as Claim 1. Therefore, the remarks presented below are applicable to Claims 14, 27, and 40, as well as independent Claim 1.

Turning to the applied references, the outstanding Office Action conceded that Segal does not teach “wherein said interface is configured to receive an input of a diagnosis entered by said physician, and, in response to the entered diagnosis, the interface is configured to output one or a plurality of said diagnosis specific pre-populated templates that correspond with the diagnosis entered by the physician,” as recited in Claim 1.¹

The outstanding Office Action rejects Claim 1 based on the proposition that Levy discloses the claimed interface, and that it would have been obvious to modify the system

¹ See the outstanding Office Action, at section 3 on page 3.

described in Segal by importing this feature from the process described in Levy to arrive at Applicants' claimed invention.² However, Applicants respectfully submit that Levy does not disclose or suggest the above emphasized "interface," as recited in Claim 1.

Levy describes a process for collecting consumer-directed diagnostic and health care information. Specifically, Levy describes a process in which a user enters an initial list of symptoms, and from the entered symptoms a list containing a disease or categories of disease is generated based on algorithms using statistical probabilities for diagnosis.³ Neither the patient nor physician enters a diagnosis.

However, it is respectfully submitted that Levy does not disclose or suggest an interface wherein "said interface is configured to receive an input of a diagnosis entered by said physician, and, in response to the entered diagnosis, the interface is configured to output one or a plurality of said diagnosis specific pre-populated templates that correspond with the diagnosis entered by the physician," as recited in Claim 1.

Instead, the process described in Levy begins with a user entering symptoms, and based on these symptoms, a diagnosis is generated. Thus, the process described in Levy does not begin with a physician entering a diagnosis. Instead, it uses the opposite concept of developing a diagnosis from the data input thereto. Accordingly, Levy teaches away from Claim 1.

The outstanding Office Action cites Table 6 and column 11, lines 1-23 of Levy as teaching the claimed interface.⁴ However, Table 6 of Levy describes the probability that different physicians will refer a patient with chest pain to have cardiac catheterization performed.⁵ Therefore, Table 6 of Levy is only a probability table used to evaluate the variability of the diagnosis of different interpractitioners (such as an internist or family

² See the outstanding Office Action, at section 3 on page 4.

³ See Levy, at column 6, lines 46-64 with corresponding Figure 6.

⁴ See the outstanding Office Action, at section 3 on page 4.

⁵ See Levy, at column 11, lines 25-39.

practitioner). Moreover, Table 6 of Levy does not generate any pre-populated templates in response to a diagnosis entered by a physician.

Thus, it is respectfully submitted that neither Segal nor Levy disclose or suggest the above emphasized user interface, as recited in Claim 1. Assuming *arguendo* that Segal and Levy could be combined in a reasonable manner, the combination nevertheless fails to teach or suggest every element of Claim 1.⁶ Accordingly, Applicants respectfully submit that the rejection of Claim 1 based upon Segal in view of Levy is improper for failing to establish a *prima facie* case of obviousness. Therefore, Applicants respectfully request that the rejection of Claim 1 as unpatentable over Segal in view of Levy be withdrawn.

Additionally, as Claims 2-8, 11, and 13 depend from Claim 1, Applicants also request withdrawal of this rejection as Claims 2-8, 11, and 13 include all of the subject matter of Claim 1 as well as adding further features not disclosed or suggested by the applied references. Independent Claims 14, 27, and 40 contain analogous features to amended Claim 1. Therefore, Applicants also request withdrawal of this rejection with respect to Claims 14, 27, and 40, and the claims depending therefrom.

Claims 9, 10, 12, 22, 23, 25, 35, 36, and 38 were rejected under 35 U.S.C. § 103(a). Applicants respectfully traverse these rejections. As discussed above, independent Claims 1, 14, and 27 are allowable. As Claims 9, 10, 12, 22, 23, 25, 35, 36, and 38 depend from allowable independent claims, Applicants respectfully request withdrawal of these rejections.

⁶ Specifically, the combination fails to teach or suggest "wherein said interface is configured to receive an input of a diagnosis entered by said physician, and, in response to the entered diagnosis, the interface is configured to output one or a plurality of said diagnosis specific pre-populated templates that correspond with the diagnosis entered by the physician," as recited in Claim 1.

Consequently, in view of the present amendment, no further issues are believed to be outstanding in the present application, and the present application is believed to be in condition for formal allowance. A Notice of Allowance is earnestly solicited.


Respectfully submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Customer Number

22850

Tel: (703) 413-3000
Fax: (703) 413 -2220
(OSMMN 03/06)



Bradley D. Lytle
Attorney of Record
Registration No. 40,073

BDL:CBH\la
I:\ATTY\CBH\24S\243847US\PROP AMD 4.6.07.DOC